WRITE PLAINLY WITH UNFADING INK—THIS IS A PLAMANENT RECORD than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in onler of birth stated. ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH (If birth occurred in a hospital or institution, give 2. Full name of child 3. Sex of Child 4. Twin, triplet or other. 6. Legitimate? To be answered ONLY 7. Da in event of plural 5. No., in order of birth. births. M FATHER 8. Full maiden name Full name 15 Residence (Usual place of abode) 9. Residence (Usual place of abode If non-resident, give place If non-resident, give place and state 16 Color or race 10. Color or race 11. Age at last birthday. 18. Birthplace (city or place) 12. Birthplace (city or place)... (State or country) (State or country) 19. Occupation 13. Occupation Nature of industry Nature of Industry 20. Number of children of this mother. (a) Born alive and now living. (b) Born alive but now dead (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.) more \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature case of Given name added from. a supplemental report..... ul I Month, day, year Registrar

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